



## California Medical Waste Management Program MEDICAL WASTE MAIL-BACK SHARPS SYSTEM CHECK SHEET

This check sheet is provided for your convenience to help track your application process. Keep it for your records. The attached information has been assembled to provide assistance to applicants requesting approval to offer a Medical Waste Mail-Back Sharps System in California as a means of transport and treatment of sharps medical waste. The completion of the application, with the support data requested, should provide the necessary information to complete the evaluation and approval process.

***Only approved medical waste mail-back sharps systems may be used by California medical waste generators.***

### Information Required for Evaluation and Approval:

- ☐ 1. If the medical waste is to be treated in California, complete and submit the application on page 2.
- ☐ 2. If the medical waste is to be treated outside California, submit a check in the amount of \$1,000 for the evaluation and approval fee per Health and Safety Code (HSC), Section 118245, of the California Medical Waste Management Act (MWMA) regarding the fees for mail-back sharps systems.
- ☐ 3. Provide a letter or copy thereof from the United States Postal Service authorizing the use of each packaging unit type to be utilized in the medical waste mail-back sharps system. Be sure to include any/all letters of approval for all packaging types used in the medical waste mail-back sharps system.
- ☐ 4. Provide a letter from the treatment facility indicating that they will be accepting the medical waste from the mail-back sharps service for treatment.
- ☐ 5. Provide the name, address, telephone number, name of a contact person, and a copy of the treatment permit of the medical waste treatment facility accepting the medical waste mail-back sharps system. Medical waste generated in California must be treated at a permitted medical waste treatment facility.
- ☐ 6. Provide a copy of the medical waste tracking form to be utilized in the mail-back sharps system. Describe in detail the procedures for use pertaining to the medical waste tracking form. ***Be advised that California law requires large quantity generators (LQG), of medical waste to maintain medical waste tracking documents for three years [two years for small quantity generators (SQG's)].***
- ☐ 7. Provide the Department with a customer list as required by HSC, Section 118029 (c) and (d).



**California Medical Waste Management Program  
MEDICAL WASTE MAIL-BACK SYSTEM  
APPLICATION**

Complete this application and submit along with the information requested for evaluation and approval, and a check for \$1,000, to:

California Department of Health Services  
Medical Waste Management Program  
MS 7405  
P.O. Box 997413  
Sacramento, CA 95899-7413

Company name		Date completed	
Contact Name	Applicant telephone number (       )		
Applicant address (number, street)	City	State	ZIP code

**NOTE:** The review process will not commence until the application, requested information, and fee have been received.

Sections from the Medical Waste Management Act (MWMA) pertaining to Medical Waste Mail-Back Systems: Health and Safety Code, Sections 118029 and 118040.

<b>DEPARTMENT USE ONLY</b>	
Date application received	Date check received